Planning Application



Project Name Festival Foods Applicant or Agent for Applicant Agent is Representing (Tenant/Owner) Name_Aaron Aspenson Name Company Festival Foods Company _ Address 3800 Emerald Drive E Address Zip 54650 City Onalaska _ State _WI _____ State _____ Zip ____ Daytime Phone Number_608-779-2708 Daytime Phone Number ____ E-mail Address aaspenson@festfoods.com E-mail Address Fax Number Fax Number Application Type and Fee **Property Information** (Check all that apply) 11111 W. Greenfield Avenue Property Address ☑ Special Use: (Public Hearing Required) \$500 Tax Key No. 448-9993-006 & 448-9993-009 Level 1: Site, Landscaping, Architectural Plan Review \$100 Aldermanic District (Project Cost \$0-\$1,999) C-3 with PPD-2 Overlay Current Zoning ☐ Level 2: Site, Landscaping, Architectural Plan Review \$250 Property Owner MKB West Allis, LLC (Project Cost \$2,000-\$4,999) Property Owner's Address 3800 Emerald Dr E, Onalaska, WI 54650 ☑ Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+) Vacant Grocery Store Existing Use of Property Site, Landscaping, Architectural Plan Amendment \$100 Pick-N-Save Previous Occupant ☐ Extension of Time \$250 ☐ Signage Plan Appeal \$100 Total Project Cost Estimate Approximately \$7M ☐ Request for Rezoning \$500 (Public Hearing Required) Existing Zoning: _____ Proposed Zoning: ___ In order to be placed on the Plan Commission ☐ Request for Ordinance Amendment \$500 agenda, the Department of Development MUST Planned Development District \$1,500 receive the following by the last Friday of the month, (Public Hearing Required) prior to the month of the Plan Commission meeting. □ Subdivision Plats \$1,700 Completed Application □ Certified Survey Map \$725 ☑ Corresponding Fees ☐ Certified Survey Map Re-approval \$75 ☑ Project Description Ap ☐cation, project description, & plans via email per K. Bennett ☐ Street or Alley Vacation/Dedication \$500 ☑ Site/Landscaping/Screening Plan ☐ Transitional Use \$500 (Public Hearing Required) ☑ Floor Plans ☑ Elevations ☐ Formal Zoning Verification \$200 □ Certified Survey Map ☑ Other ☑ One (1) electronic copy of plans FOR OFFICE USE ONLY ☑ Total Project Cost Estimate 8-26-20

Applicant or Agent Signature

Please make checks payable to:

City of West Allis

Date 8/3/2020

Common Council Introduction

Common Council Public Hearing

Property Owner Signature

Date 8/3/2020

Plan Commission



9-15-20

9-15-20